

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item \_\_\_ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item \_\_\_ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item \_\_\_ of this attachment (see 3. above).

TN No. 91-34  
Supersedes 89-20, Attachment 4.19-B, pg 16  
Approval Date JAN 14 1992

Effective Date OCT 01 1991

HCFA ID: 7982E

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APP'D <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
- OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	*Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	**Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance
Other Medicaid Recipients	*Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	**Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance
Dual Eligible (QMB Plus)	*Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	**Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance

STATE <u>Texas</u>	A
DATE <u>3-29-99</u>	
DATE <u>4-29-99</u>	
DATE <u>1-1-99</u>	
HCIATS <u>9902</u>	

SUPERSEDES: TN - 98-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
- OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

\*The payment of the Medicare Part A deductible and coinsurance for inpatient hospital services is based on the following. The payment of all other Part A deductible and coinsurance is based on the Medicare rate.

1. If the Medicare payment amount equals or exceeds the Medicaid payment rate, the state is not required to pay the Medicare Part A deductible/coinsurance on a crossover claim.
2. If the Medicare payment amount is less than the Medicaid payment rate, the state is required to pay the Medicare Part A deductible/coinsurance on a crossover claim, but the amount of payment is limited to the lesser of the deductible/coinsurance or the amount remaining after the Medicare payment amount is subtracted from the Medicaid payment rate.

Coverage of a recipient's deductible and/or coinsurance liabilities as specified in this section satisfies the state's obligation to provide Medicaid coverage for services that would have been paid in the absence of Medicare coverage.

\*\*On FQHC crossovers, the State will reconcile to the Medicaid rate.

STATE	<u>Texas</u>	A
DATE REC'D	<u>3-29-99</u>	
DATE APP'D	<u>4-29-99</u>	
DATE EFF	<u>1-1-99</u>	
HCFA 179	<u>99-02</u>	

SUPERSEDES: TN. 98-16